



LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

PRIORITIES AND PLANNING (P&P) COMMITTEE MEETING MINUTES

August 17, 2010

Approved
9/28/2010

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Jeffrey Goodman, <i>Co-Chair</i>	Douglas Frye	Robert Boller	Jane Nachazel
Kathy Watt, <i>Co-Chair</i>	Ted Liso	Miguel Fernandez	Glenda Pinney
Michael Green	Quentin O'Brien	Scott Singer	Craig Vincent-Jones
Thelma James		Paul Meza	
Bradley Land			
Anna Long			HIV EPI AND OAPP STAFF
Abad Lopez			
Tonya Washington-Hendricks			Juhua Wu

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Priorities and Planning (P&P) Committee Meeting Agenda, 8/17/2010
- 2) **Minutes:** Priorities and Planning (P&P) Committee Meeting Minutes, 7/20/2010
- 3) **Memorandum:** Request for Information for the 8/17/2010 and Subsequent P&P Committee and Subcommittee Meetings, 8/10/2010
- 4) **Spreadsheet:** Grant Year 20 Ryan White Part A & Single Allocation Model (SAM) Care Expenditures by Service Categories as of June 30, 2010, 8/16/2010
- 5) **Summary Key:** Ryan White Part A and B Expenditures by Service Categories, 6/17/2010
- 6) **Memorandum:** Annual Meeting Agenda/Content, 8/10/2010
- 7) **Table:** Nutrition Support Study and Needs Assessment, 10/14/2009 (updated 3/23/2010)
- 8) **Memorandum:** Summary of Initial Meeting to Conduct a Study of Hospice Care and Skilled Nursing (Hospice and Skilled Nursing Study), 8/10/2010
- 9) **Table:** Los Angeles County Commission on HIV, Priorities and Planning (P & P) Committee, FY 2010 Work Plan, 8/17/2010

1. **CALL TO ORDER:** Mr. Goodman called the meeting to order at 1:45 pm.
2. **APPROVAL OF AGENDA:**
MOTION #1: Approve the Agenda Order (***Passed by Consensus***).
3. **APPROVAL OF MEETING MINUTES:**
MOTION #2: Approve the 7/20/2010 Priorities and Planning (P&P) Committee Meeting Minutes, as presented (***Passed by Consensus***).
4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.
5. **COMMISSION COMMENT, NON-AGENDIZED:** There were no comments.

Priorities and Planning (P&P) Committee Meeting Minutes

August 17, 2010

Page 2 of 5

6. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no comments.

7. **CO-CHAIRS' REPORT:** There was no report.

8. **FY 2010 EXPENDITURES:**

- Dr. Green reviewed expenditures in the format that he, Dave Young, OAPP, Mr. Vincent-Jones and Ms. Pinney revised. The new format is designed to be easier to read and to make pertinent data easier to interpret for planning purposes.
- First page columns are: 1, Priority Ranking; 2, Service Category; 3, Year % Allocation; 4, Total Allocation Parts A and SAM Care; 5, Total YTD Expenditures; 6, Total Full Year Estimate; and, 7, Variance Total Allocation vs. Full Year Estimate.
- 5, Total YTD Expenditures, reflects services invoiced, in this case through 6/30/2010, so it will change monthly. Invoices can be delayed because contracts or augmentations have not yet been fully executed, so they cannot be invoiced yet.
- SAM expenditures are annual. SAM is on a July-June fiscal year, not Ryan White's March-February year, so it must be applied to parts of FYs 19 and 20. Breaking it down for the period would be deceptive as invoices are pooled before submission for State reimbursement.
- 6, Total Full Year Estimate, is drawn primarily from FY 2009 expenditures data, and will be refined as the year progresses.
- There were no FY 2009 expenditures to use for the new Benefits Specialty category, so it was estimated on best information. Dr. Green said a Benefits Specialty investment strategy for the RFP was sent to Public Health a couple weeks earlier. There has been no response. Mr. Vincent-Jones said the goal has been for an 11-month timeline from allocations to implementation. He expressed concern about the delays as allocations were made in July 2009 and the Commission had indicated a year before that that they would allocate to it.
- One Early Intervention Services (EIS) contractor did not renew its contract, so remaining contracts amount to \$800,000. Sole source contracting is the fastest way to increase funds. The Board might approve it for EIS due to loss of the contractor.
- The Health Insurance Premiums/Cost Sharing (HIP/CS) estimate is \$0 as contracts cannot be activated in time for FY 2010. Dr. Green felt the category was in flux due to high risk insurance pool changes, Health Care Reform changes, the State's CARE/HIPP plans, and restrictions that prohibit Federal funds from one program to supplement another. He added that he thought Health Insurance Premiums could probably only now be used to assist with COBRA payments.
- Dr. Green said a Benefits Administrator agency RFP will be issued in the next few months that will include a menu of services, such as Transportation to which Health Insurance premiums could be added, but he recommended assessing its value first.
- Mr. Goodman suggested that Health Insurance Premiums could be used for the new Pre-existing Condition Insurance Plan (PCIP) premiums. Rates are good, but funding is limited. Health Insurance Premiums could help people apply in time and relieve the strain on the Ryan White system.
- Mr. Vincent-Jones said he believed that HRSA had decided internally that it Ryan White funds could be used for Medi-Cal and Medicare share-of-costs. A number of jurisdictions already do so. He suggested that if OAPP needs more justification, the Commission send a letter to HRSA requesting approval of the practice.
- The Hospice/Skilled Nursing estimate is based on FY 2009, but OAPP is in discussions with other residential providers who have offered Hospice as a service with non-OAPP funding. The full-year estimate will likely change as the service is revised.
- 7, Variance Total Allocation vs. Full Year Estimate, is a key planning column. For example, Case Management, Home-based exceeds the FY 2010 allocation by some \$2.8 million, but funding is available due to other variances and State funding cuts. The FY 2011 allocation was increased to be consistent with current contract amounts, but FY 2010 was not retroactively corrected. The ultimate goal is for a variance of zero. The Ryan White allocation is now \$1 million under the total County investment.
- Dr. Green suggested review of the following for possible revision: Benefits Specialty, EIS, HIP/CS, Case Management, Home-based and Hospice, as well as any other categories whose realities may have changed since allocations were made.
- Previously, OAPP estimated expected funding, then over-contracted and relied on providers to under-expend until receipt of the actual Federal and State awards. The County now prohibits that practice. It takes at least five months to augment contracts and demonstrate that the new contracted amounts equal the amount of funding available. The Board allows cuts at any time.
- The process to augment a contract within a percentage of its total has been increased by the Chief Executive Office (CEO) from a five- to a six-letter process which has lengthened the process. Some factors in the CEO's tighter oversight of OAPP

Priorities and Planning (P&P) Committee Meeting Minutes

August 17, 2010

Page 3 of 5

are the large annual awards and historical pressure on the Board from providers, constituents, the Commission and Prevention Planning Committee (PPC).

- Several noted the importance of agility in ensuring funds are adjusted to meet current needs and services are implemented rapidly.
- The second page repeats Columns 2, 3 and 4. New columns are: 8, Minority AIDS Initiative (MAI YR 3); 9, Total All Ryan White Allocations (Cols 4 & 8); 10, Other Contracted Funding NCC FY 2010/11; 11, Other Contracted Funding State FY 2010/11; 12, Other Contracted Funding CDC 2010; 13, Total Other Funding (Cols 10 thru 12); 14, Total All Funding Committed (Cols 9 + 13); and, 15, Variance Total Allocation vs. Total All Funding Commitments (Cols 9 vs. 14).
- 10, Other Contracted Funding NCC FY 2010/11, counts toward Maintenance of Effort (MOE). MOE previously included only OAPP investments. It now includes other investments such as by the Department of Health Services and the City of Long Beach in these categories. Consequently, MOE has increased from \$17.4, which was all NCC, to \$19.6 million. MOE is used to fill gaps in services and therefore does not necessarily follow Commission allocation priorities for last resort funding.
- OAPP has directed the current \$4.4 million NCC investment to Residential contracts,.
- Mr. Fernandez had heard President Obama signed a memorandum allowing 50% of under-expenditures to be retained with 50% returned. Dr. Green was not familiar with that, but HRSA has its own carryover policy which is currently more restrictive.
- 11, Other Contracted Funding State FY 2010/11, reflects Substance Abuse and ADAP Enrollment State pass-throughs.
- 12, Other Contracted Funding CDC 2010, is to reflect any care and treatment CDC funds should they occur.
- ➡ Dr. Green will send a copy of the OAPP report to HRSA on MOE to Mr. Vincent-Jones.
- ➡ The third year of MAI Cycle 1 and the first year of MAI Cycle 2 ran concurrently from March through July. A new table will track MAI while OAPP condenses and aligns MAI into the same Part A term.
- ➡ P&P will initiate a CEO meeting due to urgency of adjusting funds to needs and resources especially in lieu of Health Care Reform and State budget issues. Representatives are: Carla Bailey and Anthony Braswell, Commission Co-Chairs; Nettie DeAugustine and Michael Johnson, Operations Co-Chairs; Mr. Goodman and Ms. Watt, P&P Co-Chairs; and Mr. Vincent-Jones.
- ➡ Dr. Green will provide Dr. Long information on the Benefits Specialty investment strategy now awaiting Public Health approval. Dr. Long will follow-up on status of the necessary approval.
- ➡ On a letter to HRSA requesting approval to use Health Insurance Premiums funds for such purposes as Medi-Cal and Medicare co-payments: 1. Mr. Goodman will discuss it at the 8/18/2010 Joint Public Policy (JPP) Committee meeting; 2. the All Grantees delegation will raise it there, including with Dr. Parham.
- ➡ There was consensus that the Commission should send a letter to HRSA asking for guidance/clarification when RW funds can be used in cost-sharing practices if it continued to be an impediment to OAPP's implementation of Health Insurance Premiums/Cost-Sharing and if the Commission felt fairly certain that it would get an affirmative response.

9. REVIEW FY 2010 REVISED ALLOCATIONS:

- Dr. Green said the Transportation RFP is due out shortly and is seeking a third-party administrative agency. Agency oversight will improve tracking, utilization and distribution, including direct bus pass and token distribution.
- Much of reshaping Transportation services has been completed, e.g., 70% of bus passes are distributed by Medical Outpatient (MO) providers. Income eligibility has also been modified for bus passes and taxis to 133% of Federal Poverty Level (FPL).
- Mr. Vincent-Jones asked about the remaining 30% of non-MO provider distributors. Dr. Green said some provide Oral Health (OH). The transition is still in process, so the ratio of MO providers responsible for transportation services will continue to increase.
- The MO/Therapeutic Monitoring estimate is \$2.1 million based on laboratory utilization. Most providers use the Public Health Laboratory, which has improved performance and turnaround time. OAPP only reimburses up to their rate.
- Panelists are still being sought for the MO/Specialty external review. OAPP even requested County Counsel approve payments for panelists, but was turned down on the basis that payment could taint the review process. The process is not significantly behind schedule as implementation was anticipated for 2012 and contracts are being extended until then.
- Dr. Green reported that the HIV Medical Outpatient (H-MOP) Caucus did not ask for the MO RFP to be withdrawn. They asked to discuss Health Care Reform issues. Mr. Vincent-Jones noted JPP will also be addressing provider transition to the new Health Care Reform environment and John Schunhoff, Director, Department of Health Services, has said HIV will be a top priority.

Priorities and Planning (P&P) Committee Meeting Minutes

August 17, 2010

Page 4 of 5

- Dr. Green said new MO contracts do not have to be in place to implement Medical Care Coordination (MCC), but it is preferred. MCC is expected to be implemented the last half of 2011. The Transitional Advisory Group (TAG) held their last meeting the prior week.
- Dr. Green said Public Health has an Information Technology Advisory Board (ITAB) which reviews any Public Health information system initiative. OAPP had received information from the Director of Public Health IT that an RFP was exempt, but that information was erroneous. ITAB sent their final recommendations for Data Management RFP changes the prior Friday. OAPP is making the changes and then will release the RFP. To date, changes do not need to be reviewed by ITAB before release.
- Mr. Goodman surveyed three providers on Oral Health access. Appointments offered were in two-and-a half to three months, but only one tried to triage the appointment. One presented notable barriers. He sent the results to Carlos Vega-Matos.
- Dr. Green noted said Mr. Vega-Matos, Chief, Care Division, OAPP, is starting trends analysis of three years' Oral Health investment. The number of patients accessing Oral Health services has increased 30%. How that translates into procedures is unknown, e.g., more complex procedures and more in need may be causing delays. Providers are using funds. Some are working without fully executed contracts, e.g., USC is providing endodontic services. African-Americans are still under-represented despite a new clinic in SPA 6.
- Mr. Vega-Matos will also be reviewing how to expand services as agencies will not hire new staff unless funding for them is assured. Dr. Green noted it is difficult to demonstrate ongoing funding due to the overlapping Part A and MAI grant terms.
- Ms. Watt noted large differences in Oral Health barriers, e.g., one provider required forms to be hand-delivered, which would deter some. Mr. Goodman suggested looking at such variables in relation to whether or not someone accesses services. Ms. Washington-Hendricks suggested more outreach. Mr. Vincent-Jones recommended that agencies begin keeping waiting lists as a record of demonstrated need and how effectively allocations are meeting the need.
- Mr. Singer hoped the new data management system will obviate the need for a set of paperwork from each agency. Dr. Green said employees can now pull up Casewatch to verify that a person is already in the system. He added the new fee-for-service system will require agencies to enter clients in Casewatch in a timely manner in order to invoice.
- ➡ Schedule presentation of TAG report at next Commission meeting.
- ➡ P&P will discuss merging Part A and MAI allocations work. MAI Work Group members will be invited to participate.
- ➡ Mr. Vincent-Jones suggested that the Committee consider an allocation commitment for Oral Health services if that is what is needed for OAPP and providers to secure additional staffing and expand service delivery.

10. ANNUAL MEETING:

A. Comprehensive Care Plan (CCP):

- The Comprehensive Care Plan (CCP) is due for update and Unmet Need is a priority, so the respective subcommittees will continue meeting.
- ➡ Co-Chairs will follow-up with P&P members this week on Annual Meeting Subcommittee choices. Mr. Land volunteered for both and Mr. Vincent-Jones will forward lists of previous members. Community members may contact the Co-Chairs to join.
- ➡ P&P will re-initiate Subcommittees on Adversity Sectors, Geographic Estimate of Need (GEN) and Funding Thresholds after the Annual Meeting. It was determined earlier that the MAI Subcommittee will be merged back into P&P.
- ➡ The Subcommittee is scheduled to meet on 9/21/2010, either from 2:00 to 3:30 or 3:30 to 5:00 pm.

B. Unmet Need:

- ➡ The Subcommittee is scheduled to meet on 9/21/2010, either from 2:00 to 3:30 or 3:30 to 5:00 pm.
- ➡ Mr. Vincent-Jones will invite a representative of In the Meantime, possibly Jeffrey King, and of JWCH to join the Subcommittee or come to the Annual Meeting. Both agencies are participating in a related five-year SPNS project.

11. **NUTRITION SUPPORT STUDY:** Ms. Pinney is working on this item.

12. **HOSPICE AND SKILLED NURSING STUDY:** The Work Group held its first meeting 8/9/2010. A report on the meeting was in the packet. Its next meeting is 8/20/2010.

13. **ADVERSITY SECTORS:** This item was postponed.

Priorities and Planning (P&P) Committee Meeting Minutes

August 17, 2010

Page 5 of 5

14. **GEOGRAPHIC ESTIMATE OF NEED FORMULA:** This item was postponed.
15. **PROCUREMENT/SOLICITATION PROCESS REFORM:** This item was postponed.
16. **MEDICAL TRANSPORTATION UTILIZATION:** This item was postponed.
17. **ORAL HEALTH CARE:** This item was postponed.
18. **SERVICE PLANNING AREA 1:** This item was postponed.
19. **MONITORING GOALS/OBJECTIVES:** This item was postponed.
20. **COMMITTEE WORK PLAN:** This item was postponed.
21. **OTHER STREAMS OF FUNDING:** This item was postponed.
22. **SUBCOMMITTEES/WORK GROUPS:** This item was postponed.
23. **NEXT STEPS:** There was no additional discussion.
24. **ANNOUNCEMENTS:** There were no announcements.
25. **ADJOURNMENT:** The meeting was adjourned at 4:20 pm. The next meeting will be 9/28/2010, 1:30 to 4:30 pm.